

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		3				
13		4				
14		1				
15		1				
16		1				
17		1				
18	1					
19	1					
20		1				
21		2				
22		2				
23		2				
24		2				
25		①				
26		①				
27		3				
28		3				
29		2				
30		2				
31	1					
32		1				
33						
34						
35						
36						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	44					
TOTAL CLAIMS	48					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						